| POSITION | INITIALS | ID NO. | DATE |
|---|---|---|---|
| | | | |
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 32 | 8/8 |
| FORMALITY REVIEW | MM | 920 | 09-12-01 |
| RESPONSE FORMALITY REVIEW | JK | 835 | 02/15/02 |
| | | | |

## INDEX OF CLAIMS

| | | |
|---|---|---|
| ✔ ................................ Rejected | N ................................. Non-elected |
| = ................................ Allowed | I ................................. Interference |
| – (Through numeral)... Canceled | A ................................. Appeal |
| ÷ ................................ Restricted | O ................................. Objected |

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

BEST AVAILABLE COPY